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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT					OCKET
APPLICATION WITH POWER OF ATTORNEY				PR60328US First Names Inver	
					ARTIN
				Complete if ki	nown:
				App No.:	
() Declaration submitted with initial	filing or				
( ) Declaration submitted after initial	filing (surcharge r	equired 27CED1 16(a))		Filing Date	
( ) Declaration submitted after initial	ming (surcharge i	equired 37CFK1.10(e))		Filling Date	
				Group Art Un	it:
As below named	inventor. I here	by declare that:			
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, fi imed and for which a patent is so		
	PREPA	ARATION OF CHEMI	CAL COMPOUNDS		
the specification of which	(check only one	item below):			
[ ]is attached hereto. OR					
	e 2004 as United	States application Seria	l No or PCT Inte	rnational	
Application Number <b>PC</b> applicable)	Г/US2004/02035	53 filed and was amende	ed on (MM/DD/YYYY)	ti)	f
I hereby state that I have a as amended by any amended			the above-identified specification	, including the c	laims,
I acknowledge the duty to	disclose informa	ation which is material to	o patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internati I have also ident mal application h	onal application which of ified below, by checking naving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	her than the Unit for patent or inv	entor's
PRIOR FOREIGN AND ANY P					
Prior Foreign Application Number (s)	(	Country	Foreign Filing Date		ORITY
1.			(MM/DD/YYYY))	CLA	IMED
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I hereby claim the benefit under Ti	tle 35. United St	ates Code §119(e) of an	v United States provisional applie	cation(s) listed h	elow:
Application No.	and the same of		(MM/DD/YYYY)	Diffe instead of	2.0 17 .
1. 60/483,002 06/27/2003					
2.					
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## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER
PR60328USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone of	calls to Customer Number 233	347	Direct Telephone Ca	ills to:
David J. Le <b>vy</b> Corporate Intellectual Property GlaxoSmith <b>K</b> line Five Moore <b>Dr</b> ive, PO Box 13398			J. SMITH 483-8022	
Research Triangle Park, NC 27709-339	8			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MARTIN	Michael	Tolar
	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE	ľ		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZJP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ROBERTS	John	Charles
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	TOCZKO	Jennifer	Fell
	INVENTOR'S	Signature ANNIN		Date: OD C - MY
	SIGNATURE			29000
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR			1
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP			
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS			<u></u>

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT					NEY'S DOCKET  328USw
APPLICATION WITH POWER OF ATTORNEY			First Nar	nes Inventor:	
					Tolar MARTIN ete if known:
				App No	
() Declaration submitted with initial filing	у ог				
( ) Declaration submitted after initial filin	g (surcharge r	equired 37CFR1.16(e))		Filing I	Date
				Group	Art Unit:
As below named inv	entor. I here	by declare that:		- <b>.</b>	
My residence, post office add	ress and citiz	zenship are as stated belo	ow next to my name.		
I believe I am the original, fir (if plural names are listed beloentitled:	st and sole ir	wentor (if only one name bject matter which is cla	e is listed below) or an original, fined and for which a patent is so	irst and jo ought on t	oint inventor he invention
	PREPA	ARATION OF CHEMI	CAL COMPOUNDS		
the specification of which (ch	eck only one	item below):			-
[ ]is attached hereto. OR					
[X] was filed on 25 June 2004 as United States application Serial No or PCT International					
Application Number <u>PCT/Us</u> applicable)	S2004/02035	53 filed and was amende	ed on (MM/DD/YYYY)	·	(if
I hereby state that I have revie as amended by any amendmen			the above-identified specification	, includir	g the claims,
I acknowledge the duty to dis	close inform	ation which is material to	patentability as defined in 37 C	FR §1.56	
I hereby claim foreign priority benefits inventor's certificate or 365(a) of any F States of America, listed below and ha certificate or of any PCT international	PCT internative also ident application l	onal application which o ified below, by checking naving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	her than t for paten	he United t or inventor's
PRIOR FOREIGN AND ANY PRIOR		IMS UNDER 35 U.S.C Country	Foreign Filing Date		PRIORITY
Prior Foreign Application Number (s)		Country	(MM/DD/YYYY))		CLAIMED
1.					
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5.					
I hereby claim the benefit under Title 3	5, United St	ates Code §119(e) of an	y United States provisional applic	cation(s)	listed below:
Application No.		Filing Date	(MM/DD/YYYY)		
1. 60/483,002		0	6/27/2003		
2.					

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PR60328USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION O	or PCT PARENT APPLICAT	ON		
		STATUS (Check one)		one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
	•			
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all bus Customer Number 23347 and Customer Number	iness in the Patent and Trademark (	rs associated with the Office connected therew	Customer Numbers with	provided below to
Address all correspondence and telephone	calls to Customer Number 233	47	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline				J. SMITH 483-8022
Five Moore Drive, PO Box 13398				
Research Triangle Park, NC 27709-339	8			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MARTIN	Michael	Tolar
	INVENTOR'S			Date:
	SIGNATURE	Signature M	$\prec \downarrow \rightarrow$	4 vrt, 2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
١ ٠	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
i ,	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 .	ADDICESS	Five Moore Drive, PO Box 13398		
	77.17.7.37.43.47	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME	ROBERTS	John	Charles
1 2	OF INVENTOR	Signature		Date:
1	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
		POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398	11000mion 111migro 1 min	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	TOCZKO	Jennifer	Fell
2	OF INVENTOR		Jenintei	Date:
	INVENTOR'S	Signature		
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
١,	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3 .	ADDRESS		Towesters I I wanted a with	3, 5
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	FULL NAME	FAMILY NAME	FUGI GIVEN NAME	SECOND GIVEN NAMED IN TIME
2	OF INVENTOR			Date:
	INVENTOR'S	Signature		Dail.
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	JIME OR FOREIGN COOKINI	
	CITIZENSHIP		CTTY	STATE & ZIP CODE/COUNTRY
1 .	POST OFFICE	POST OFFICE ADDRESS	1117	SIAIDE DI CODDICONINI
4	ADDRESS	L	<u> </u>	<u>.l.,,,,,,</u>

COMBINED DECLA	RATION FOR UTIL	ITY OR DESIGN PATENT	ATTORNEY'S DOCKET		
APPLICATION WITI	H POWER OF ATTO	DRNEY	PR60328USw First Names Inventor:		
	<del> </del>		Michael Tolar MARTIN		
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() Declaration submitted with initial	filing or				
( ) Declaration culmitted after initio	1 Sling (gurchange required 27CFF	11 177-11	Filing Date		
( ) Declaration submitted after initia	I filing (surcharge required 5 /Crr	(1.16(e))	Filing Date		
			Group Art Unit:		
			F		
As below name	d inventor. I hereby declare the	at:			
My residence, post office	e address and citizenship are as	stated below next to my name.			
		y one name is listed below) or an original, which is claimed and for which a patent is so			
	PREPARATION O	F CHEMICAL COMPOUNDS			
the specification of which	h (check only one item below):				
[ ]is attached hereto. OR					
[X] was filed on 25 June 2004 as United States application Serial No or PCT International					
Application Number PC applicable)	Application Number PCT/US2004/020353 filed and was amended on (MM/DD/YYYY)(if applicable)				
I hereby state that I have as amended by any amen	reviewed and understand the comment specifically referred to a	ontents of the above-identified specification bove.	n, including the claims,		
I acknowledge the duty to	o disclose information which is	material to patentability as defined in 37 C	FR §1.56.		
inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT international applicati d have also identified below, b onal application having a filing	-(d) or §365(b) of any foreign applications( on which designated at least one country of y checking the box, any foreign application date before that of the application on whic	her than the United for patent or inventor's		
PRIOR FOREIGN AND ANY F					
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY		
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	itle 35. United States Code §11	9(e) of any United States provisional appli	cation(s) listed below:		
Application No.		Filing Date (MM/DD/YYYY)			
1. 60/483,002		06/27/2003			
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3.					

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION			
	·		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bust Customer Number 23347 and Customer Number 23347.	iness in the Patent and Trademark (	ers associated with the Office connected there	Customer Numbers with	provided below to	
Address all correspondence and telephone of David J. Levy	calls to Customer Number 233	347	Direct Telephone Ca	alls to:	
Corporate Intellectual Property GlaxoSmithKline			Robert J. SMITH 919-483-8022		
Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8				
I hereby declare that all statements made he	rein of my own knowledge are t	rue and that all state	ments made on inf	formation and belief	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MARTIN	Michael	Tolar
	INVENTOR'S	Signature		Date:
1	SIGNATURE			. 3
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ROBERTS	John	Charles
	INVENTOR'S	Signature		Date:
	SIGNATURE	Um ( Kalat		305ep04
0	RESIDENCE &	Cyrr	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Dyrham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	TOCZKO	Jennifer	Fell
	INVENTOR'S	Signature		Date:
_	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR			
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP			
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS			